

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3623

-62-027315

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

VS 300
Rev. 4/59

1

2 3938

3

4 1

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7 0

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9 332X

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12 70-0

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

George K. Boyd MEDICAL CERTIFICATION

FILED JUL 30 1962

1. PLACE OF DEATH
a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City Length of stay in 1b 43 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 8100 Wornall Road Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 8100 Wornall Road Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
HIE W. RIFFE

4. DATE OF DEATH Month Day Year
July 11, 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 6-7-1876

9. AGE (last birthday) 86

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired - Power Machine Operator

11. BIRTHPLACE (City and state or country) Richmond, Missouri

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Hiram W. Riffe

13b. MOTHER'S MAIDEN NAME Mamie Frazier

14. NAME OF HUSBAND OR WIFE William W. Riffe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs. Margaret Riffe 6029 Buena Vista

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory Failure
Cerebral Infarction
Cerebral Vascular Insufficiency

INTERVAL BETWEEN ONSET AND DEATH

5 min
2 weeks
2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1960 to present and last saw her alive on 7-10-62
Death occurred at 2:05 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George K Boyd M.D. (Name or title)

22b. ADDRESS 5111 Independence Ave 22c. DATE SIGNED 7-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7-12-62

23c. NAME OF CEMETERY OR CREMATORY Memorial Park

23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS
Freeman Mortuary Kansas City, Mo.

25. DATE RECD. BY LOCAL REG. 7-11-62

26. REGISTRAR'S SIGNATURE Ruth A Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

DR George Boyd
5111 Ind. Ave
Bldg 1-7943
Call Office After 1:00 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. L. Freeman

Licensed Embalmer No. 2939

P. O. Address F. O. 240.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.